

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEES DETERMINATION</b>        |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 1/3    | 3/16/01  |
| <b>FORMALITY REVIEW</b>          | TN       | 870    | 03/21/01 |
| <b>RESPONSE FORMALITY REVIEW</b> | HC       | 712    | 06/19/01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original | 5/31/01 |
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If more than 150 claims or 10 actions  
staple additional sheet here

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LAST AVAILABLE COPY

10/02/01  
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